

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
Artesia (00NM 100010 on re-verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY MAY 18 1984 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-028731 (A)
2. NAME OF OPERATOR Marbob Energy Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia N.M. 88210			7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FNL 1370 FEL			8. FARM OR LEASE NAME M. Dodd "A"
14. PERMIT NO.		15. ELEVATIONS (Show whether SF, BT, GR, etc.) ES 73.1 3.0	9. WELL NO. 29
			10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T17S-R29E
			12. COUNTY OR PARISH EDDY
			13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing, cement job</u>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

TD 3460. Ran 84 jts. 5 1/2" 15.50# new casing to 3454, cemented w/1000 sax Halliburton Lite, 15# salt, 4# flocele per sack; 300 sax Class C w/6# salt, 3/10 of 15% CFR-2, plug down @ 9:30 p.m. 3/12/84, circulated 75 sax. WOC 18 hours, tested casing to 1500# f/30 minutes-held okay.



18. I hereby certify that the foregoing is true and correct

SIGNED

Charles Davis

TITLE

Production Clerk

DATE

3/13/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

GWD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

MAY 16 1984

*See Instructions on Reverse Side

Artesia, NEW MEXICO